
Adult OB/Gyn Emergencies:

Management of Vaginal Hemorrhage



Note Well: *For patients with unusually heavy vaginal bleeding as a result of pregnancy, miscarriage or post-partum hemorrhage.*

I. All Provider Levels

1. Refer to the Patient Care Protocols.
2. Provide 100% oxygen via non-rebreathing mask if symptoms of hypoperfusion are present.
 - A. If respiratory effort is inadequate assist ventilations utilizing BVM with 100% oxygen.
3. Place the patient in shock position if symptoms of hypoperfusion are present.
4. If post-partum hemorrhage, consider uterine massage from pubis toward umbilicus.
 - A. If the placenta has delivered and severe bleeding is present, pack the vaginal area with kerlex.
5. Establish an IV of Normal Saline KVO.



Note Well: *An ALS Unit must be en route or on scene.*

6. Normal Saline boluses of 250 cc up to a maximum of 1,000 cc if symptoms of hypoperfusion are present.
 - A. Reassess after every 250 cc.



II. Transport Decision

1. Transport the patient immediately to the closest appropriate facility.

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